FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPR	IOVAĽ				
OMB Number:	3235-0076				
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	On-
2008 Bridge Financing	SEC Mail Processing ULOE Section
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE Section
Type of Filing:	
PAGE IN PARTIE OF THE PAGE	<u> </u>
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	Washin
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	Washington, DC 101
Sensicast Systems, Inc.	1 0 8
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
200 Reservoir Street, Needham, MA 02494	781-453-2555
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business PROCES	OFD &
Sesicast Systems, Inc. develops wireless sensor networking systems, software and solution	SEN
	300
Type of Business Organization FEB 2 5 26	
corporation limited partnership, already formed	please specify):
business trust limited partnership, to be formed FINANCIA	
Actual or Estimated Date of Incorporation or Organization: Month Year	mated : 08024390
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 6 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	9549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only reporthereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	xemption. Conversely, failure to file the

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Ardesta, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 201 S. Main Street, 10th Floor, Ann Arbor, MI 48104 Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) GEF Clean Technology Fund, LP Business or Residence Address (Number and Street, City, State, Zip Code) 5471 Wisconsin Avenue, Suite 300 Chevy Chase, MD 20815 Check Box(es) that Apply: Promoter Beneficial Owner Z Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Ambrosino, Gary Business or Residence Address (Number and Street, City, State, Zip Code) Sensicast Systems, Inc., 220-3 Reservoir Street, Needham, MA 02494 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Richvalsky, Steve Business or Residence Address (Number and Street, City, State, Zip Code) Ardesta, LLC, 201 S. Main Street, 10th Floor, Ann Arbor, MI 48104 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Johns, Steve Business or Residence Address (Number and Street, City, State, Zip Code) Ardesta, LLC, 201 S. Main Street, 10th Floor, Ann Arbor, MI 48104 Check Box(es) that Apply: ☐ Beneficial Owner Promoter Executive Officer ✓ Director General and/or Managing Partner Full Name (Last name first, if individual) Pulzone, Julia Business or Residence Address (Number and Street, City, State, Zip Code) GEF Clean Technology Fund, 5471 Wisconsin Avenue, Suite 300 Chevy Chase, MD 20815 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	-			B. 11	NFORMAT	ION ABOU	T OFFERI	NG				
1. Has the	e issuer sole	d, or does t	he issuer ii	ntend to se	II. to non-a	ccredited i	nvestors ir	this offer	ine?		Yes	No 💌
	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								121			
2. What i							s_108	3,700.00				
						Yes	No					
 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any 							K					
commi If a per or state	ne informa ssion or sim son to be lis s, list the na er or dealer	ilar remune sted is an ass ame of the b	ration for s sociated pe roker or de	solicitation rson or age caler. If mo	of purchase ent of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered is to be list	sales of sed with the S ed are asso	curities in t SEC and/or	he offering. with a state	;	
Full Name N/A	(Last name	first, if ind	ividual)									
Business or	Residence	Address (N	lumber and	i Street, C	ity, State, Z	(ip Code)					•	•
				·								
Name of As	ssociated B	roker or De	aler									
States in W	hich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers	·					
(Check	"All State:	s" or check	individual	States)		***************************************	***************************************		****************		☐ AI	l States
IL MT RI	AK IN NE SC	AZ IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (?	Number an	d Street, C	ity, State,	Zip Code)						<u>., </u>
Name of As	ssociated B	roker or De	aler									
States in W	hich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Check	"All State:	s" or check	individual	States)	••••••		***************************************			••••••	☐ Al	l States
AL IL MT R1	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name	(Last name	first, if indi	ividual)				_		•			
Business o	r Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of As	sociated B	oker or De	aler									·
States in W	hich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers				· · · · · · · · · · · · · · · · · · ·		•
(Check	"All States	s" or check	individual	States)			************************			•••••	☐ Al	l States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	•	•
	Equity		
		P	.
	Common Preferred	_	_
	Convertible Securities (including warrants)		
	Partnership Interests		\$
	Other (Specify Convertible Notes		
	Total	5 700,000.00	\$ 250,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2	s 250,000.00
	Non-accredited Investors		s 0.00
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		<u> </u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	-	c Solu
	Regulation A		<u>, </u>
	-		3
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 30,000.00
	Accounting Fees		_
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)		
	Other Expenses (identify)		\$
	Total		\$ 30,000.00

	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		<u>\$ 670,000.</u> 00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Others
	Salaries and fees		
	Purchase of real estate		_ 🗆 s
	Purchase, rental or leasing and installation of machinery and equipment	┌	m s
	Construction or leasing of plant buildings and facilities	_	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	_	
	Repayment of indebtedness	s	
	Working capital	□ \$	_ ⊈ \$670.000.0
	Other (specify):	□ s	_ 🗆 \$
		s	\$
	Column Totals	s	∑ \$670,000.0
	Total Payments Listed (column totals added)	⊠ '\$6	70,000.00
	D FEDERALSIGNATURE		
si	te issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice to an ature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comme information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ission, upon writ	
Īs	suer (Print or Type) Signature	Date	/ .
_	ensicast Systems, Inc.	2/13/	cs
	ame of Signer (Print or Type)	/ /	
Ga	ry Ambrosino Éhief Executive Officer		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)